



FORM
4098
(REV. 9-2003)

This application is to be used for applying for or renewing the direct pay exemption authorization pursuant to Section 144.190.4, RSMo. This authorization, if issued, is valid for five (5) years.

PLEASE PRINT OR TYPE AND COMPLETE ALL LINES — Do not write in shaded areas. Mail completed application or direct questions to: Missouri Department of Revenue, Division of Taxation and Collection, P.O. Box 3300, Jefferson City, MO 65105-3300 or call (573) 751-2836.

2. YOUR MISSOURI TAX IDENTIFICATION NUMBER

3. EFFECTIVE DATE

M	M	D	D	C	C	Y	Y

EXPIRATION DATE

M	M	D	D	C	C	Y	Y

4. TYPE OF APPLICATION

☐ NEW ☐ RENEWAL

CODE

— 10 —

5. PRIMARY BUSINESS LOCATION

[illegible]

6. OWNER NAME AND ADDRESS

OWNER NAME			
STREET OR RURAL ROUTE, P.O. BOX NUMBER		COUNTY	CODE
CITY	CODE	STATE	ZIP CODE

7. MAILING ADDRESS

	1
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BUSINESS ADDRESS

	2
--	---

OWNER ADDRESS

	3
--	---

OTHER (GIVE FULL ADDRESS BELOW):

STREET ADDRESS OR P.O. BOX				
CITY	STATE	ZIP CODE	COUNTY	CODE

8. ADDRESS WHERE BOOKS AND RECORDS ARE KEPT

	1
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BUSINESS ADDRESS

	2
--	---

OWNER ADDRESS

	3
--	---

MAILING ADDRESS

	4
--	---

OTHER (GIVE FULL ADDRESS BELOW):

STREET ADDRESS - DO NOT USE P.O. BOX OR RURAL ROUTE				
CITY	STATE	ZIP CODE	COUNTY	CODE

9. Sales Tax Rule 12 CSR 10-3.856 provides in part that records must be submitted to demonstrate that the business or corporation annually purchases non-resalable items in excess of seven hundred fifty thousand dollars (\$750,000). Attach invoices, statements, etc.

10. LIST BUSINESS LOCATIONS FOR WHICH YOU ARE REQUESTING DIRECT PAY AUTHORIZATION. (ATTACH SUPPLEMENTAL LIST, IF NECESSARY)

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11. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS APPLICATION AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE.

SIGNATURE	TITLE	DATE